

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fill out a Pet health History form for each patient Dr. Myers is visiting or will be visiting in the future to put in your medical records.

Owner Name \_\_\_\_\_

Email Address \_\_\_\_\_

\*We will never sell or disclose your email address to anyone.

**Pet History**

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Where did you get pet? \_\_\_\_\_

Type of Animal  Dog  Cat  Horse  Other (specify) \_\_\_\_\_

Sex  Male  Female Spayed/neutered?  Yes  No

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Last Vaccinated \_\_\_\_\_

**Please check any symptoms or problems you have noticed about your pet:**

- Bad Breath Gagging Seems Depressed
- Behavioral Problems Diarrhea Shaking Head
- Bleeding Gums Eyes Bulging or Bloodshot Sneezing
- Breathing Problems Coughing Excessive Thirst
- Vomiting Lack of Appetite Urination Increased
- Diarrhea Limping Weakness
- Eyes Bulging or Bloodshot Loss of Balance Weight Problem
- Scooting Scratching Other

**Current Medications:**

\_\_\_\_\_

**Describe your pet's diet in detail, including any and all treats:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

I hereby authorize Brandon Valley Veterinary Clinic, P.C. and its employees to examine, prescribe for, or treat the above-described pet. I assume responsibility for charges incurred in the care of the animal. I understand that fees are due at the time of service.

The information on this form is strictly confidential and will only be used by this practice to provide care and treatment for your pet.

SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_

Please sign your name as the person responsible for this animal and the information provided in this form.

**THANK YOU**